INTEGRATED BILLING ELECTRONIC INSURANCE VERIFICATION INTERFACE (eIV)

TECHNICAL MANUAL / SECURITY GUIDE

IB Version 2.0

Patch IB*2.0*184, 246, 252, 271, 316, 300, 416, 444, 438, 497, 506

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Revision History

Note: The revision history cycle begins once changes or enhancements are requested to an approved SRS.

Date	Revision	Description	Author
09/18/03	**Patch 184**	**Initial Version**	**Darlene White**
02/08/05	**Patch 271**	**Updated**	**Darlene White**
07/07/05	**Patch 300**	**Updated**	**Darlene White**
01/17/06	**Patch 300**	**Updated**	**Ellen Nam**
05/18/10	**Patch 416**	**Updated**	**Jonathan Bolas**
08/01/11	**Patch 438**	**Updated**	**Jonathan Bolas/Berry Anderson**
8/26/13	**Patch 497**	**Updated**	**FirstView Team**
5/22/14	**Patch 506**	**Updated**	**FirstView Team**

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PREFACE

This is the Technical Manual for the Integrated Billing (IB) software package's electronic Insurance Identification and Verification Interface (IIV) which was first introduced as Patch IB*2.0*184. It is designed to assist IRM personnel in the operation and maintenance of the interface.

For information regarding use of the software, please refer to the Integrated Billing Insurance Identification and Verification Interface User Guide and the Integrated Billing User Manual.

For information on the installation of this interface, please refer to the Integrated Billing Insurance Identification and Verification Interface (eIV) Installation Guide.

Symbols

The following are explanations of the symbols used throughout this manual.

<RET>   Press the RETURN or ENTER key.

<SP>   Press the SPACEBAR.

<^>   Up-arrow, which you enter by pressing the SHIFT key and the numeric 6 key simultaneously

<?> <??> <???>   Enter single, double, or triple question marks to activate on-line help, depending on the level of help you need.

Note to Users with Qume Terminals

It is very important that you set up your Qume terminal properly. After entering your access and verify codes, you will see

Select TERMINAL TYPE NAME: {type} //

Please make sure that <C-QUME> is entered here. This entry will become the default. You can then press <RET> at this prompt for all subsequent logins. If any other terminal type configuration is set, options using the List Manager utility will neither display nor function properly on your terminal. The reports and error messaging system in the interface makes extensive use of the List Manager functions.

Who Should Read this Manual?

This manual is intended for technical IRM personnel who may be called upon to install and support this software.

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INTRODUCTION

Overview

The release of Integrated Billing patch IB*2.0*184 introduced electronic Insurance Identification and Verification (IIV). The IIV project has been renamed and is now referred to as Electronic Insurance Verification (eIV).

The purpose of eIV is to automate:
- The determination of eligibility for claimed insurance (Verification).

This interface was planned and designed to be a Class I initiative with the coordination and assistance of the national IB team.

The software enhancements included in the patches that are described within this document directly support the following VHA program initiatives:
1. The VHA Revenue Cycle Improvement Plan approved by Secretary Principe in September, 2001, and particularly:
   a. Recommendation 5 of that Plan, which calls for implementation of automated methods of identifying and verifying veteran insurance coverage.
   b. Recommendation 3 of that Plan, which recommends adopting a national policy for the update of patient data no less frequently than every six months.
2. The VHA Office of Compliance and Business Integrity (CBI) Program Indicator No. 3a , which measures, among other things, whether patient insurance coverage is verified every six months.

The Technology Services Division of DAOU Systems Inc., 8401 Connecticut Ave. Suite 700, Chevy Chase, MD 20815, provided the interface between the existing IB software and the Eligibility Communicator (EC), located at the Financial Service Center (FSC) in Austin, TX.

Functional Description

The Electronic Insurance Verification (eIV) project provides an extension to the existing VistA Insurance Buffer functionality by enabling electronic confirmation of third-party commercial health insurance coverage for registered VA patients. Each night a process is run, which compiles a batch of insurance eligibility inquiries based on activity within the system. Sources include unverified insurance information entered in the Insurance Buffer as well as patients that have scheduled appointments or have had past encounters, but have not had a recent verification of their insurance files.

VistA performs both a Buffer Extract and an Appointment Extract. For the Appointment Extract; VistA prepares HL7 inquiries during the night in response to appointment events. For the Buffer Extract, VistA immediately prepares HL7 inquiries in response to registration and check in events. The HL7 inquiries are transmitted to the Eligibility Communicator at the FSC. The messages are translated into 270 Health Care Eligibility Benefits Inquiry messages. They are then sent to the VA's clearinghouses who then distribute them to the correct insurance companies. The 271 Health Care Eligibility Benefits Responses are returned from the payer through the clearinghouses to FSC for translation into an HL7 format and then transmitted to the originating VistA system. There the information is either placed into the insurance buffer for the insurance clerk to review and process to the patient's insurance file or used to automatically update the patient's insurance file.
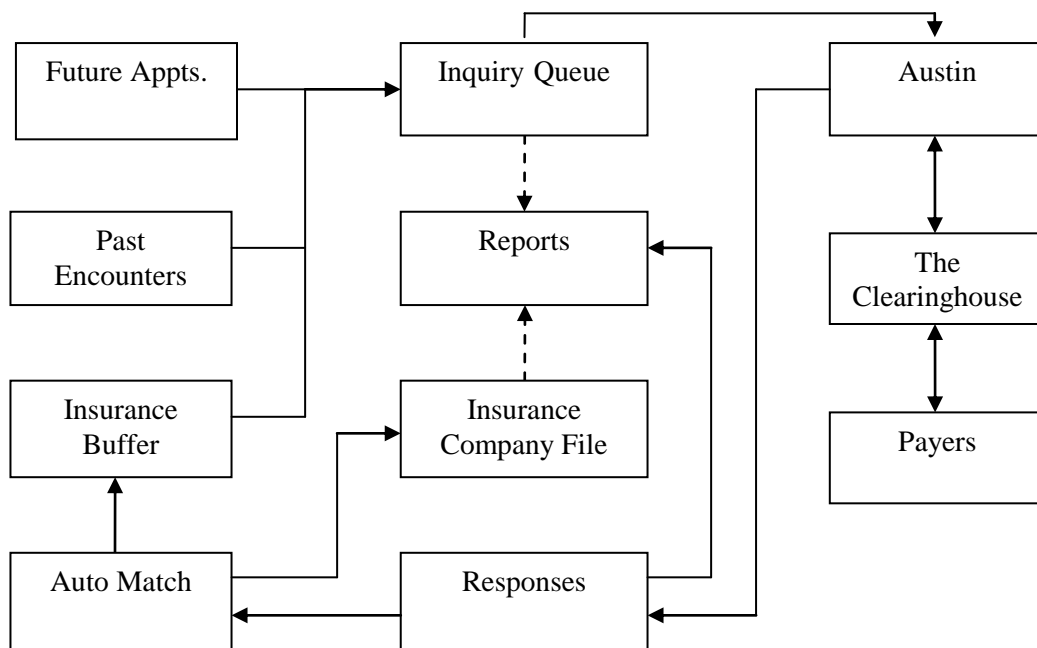
Figure 1. Overview of eIV Process

Inquiries are then verified through an exchange of HIPAA-compliant electronic communications between the VistA system and an Eligibility Communications server that is located at the FSC in Austin, Texas. This national datacenter receives the eligibility inquiry messages and forwards the request to an electronic clearinghouse of insurance information. The clearinghouse, in turn, forwards the inquiry to the requested payer, ex. Aetna, Blue Cross/Blue Shield, etc. The payer issues a response message to confirm or deny coverage based on the information provided in the inquiry. The response message is routed back to the VistA site and may be posted to the Insurance Buffer where authorized users can review and accept the returned information into the current insurance files through enhancements to the insurance buffer list option.

One challenge inherent in this process results from the fact that each VA site is able to maintain a separate list of insurance companies. In order for the various VistA locales to be able to effectively request eligibility information for the various payers, a national VA insurance payer list has been established to provide a standard identification system for all payers that are participating in this process. Enhancements have been added to allow each VA site the ability to link the insurance companies in their own site's list to the appropriate payer in the national payer list. This standardizes the identification of the payer to which each inquiry should be directed.

Additional features were also added to assist the users of the insurance buffer with eIV related tasks. A feature named "Auto Match" has been added that allows the system to be "taught" rules for matching the user-entered insurance company names in the insurance buffer to existing entries in the site's insurance company file. Also, a method has been added for accepting information from an insurance buffer entry into the patient's permanent insurance records that allows each data field change to be individually accepted or rejected. Another feature allows a user to select multiple buffer entries for the Process, Expand, and Reject entry actions, to ease the process of working with larger sets of buffer entries.

eIV Process Flow

Each VistA system, as the Insurance and Verification patch software is installed, is eligible to send and receive messages from the Eligibility Communicator (EC,[EC messaging passes through/via the Vitria server]), the component of eIV located at the Austin Information Technology Center (AITC) formerly Austin Automation Center (AAC). VistA communication methodology is through a TCP/IP connection to the Vitria server in the form of an HL7 message. Vitria validates the HL7 message.

> **If the message fails EC's validation, the sending VistA facility receives an error message from EC. Otherwise EC processes the message and returns responses to most of them as defined in this Interface Design Document (IDD).**

Vitria transforms the HL7 message to a standard X12 270 message and sends it on to the Clearinghouse.

The Clearinghouse processes the 270 message on to the appropriate payer. When the Clearinghouse receives a response from the payer, it is forwarded back to Vitria at Austin. If the response is a 997 error response, steps to determine the problem are taken to resolve the problem.

If a "success" response is received from the payer via the Clearinghouse in a 271 message, Vitria saves the data into the National Insurance Cache and transforms it to an HL7 message. The message is then sent back to the VistA facility for processing. Vista facilities can set site parameters to either have the messages returned real-time, or held and batched for processing at a later time.

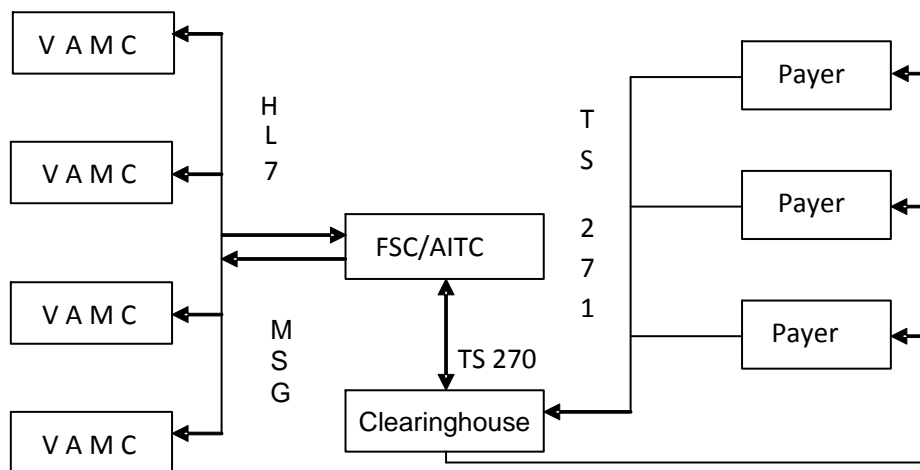**Figure 2.** Diagram of the process-flow for electronic eligibility requests sent by the eIV process

VistA Registration Dialog

When a site installs the eIV software and performs all of the post-installation instructions, a registration message will be sent to confirm the registration and update any site-specific information. Any subsequent changes to the payer table are initiated by FSC.

IMPLEMENTATION AND MAINTENANCE

General Notes Regarding Changes to this Software

1. Integrated Billing files may only be updated through distributed options.
2. Per VHA Directive 10-93-142 regarding security of software that affects financial systems, most of the IB routines and files may not be modified. Routines that may not be modified will be indicated by a comment on the third line. Files that may not be modified will have a note in the file description.
3. According to the same directive, most of the IB Data Dictionaries may not be modified.

Platform Requirements

VistA System:

A fully patched and complete VistA system is required, running Integrated Billing (IB) Version 2.0. In particular, the pre-requisite patches listed below must be installed prior to the installation of the eIV patch IB*2.0*506.

In addition, the VistA system must have a properly installed and functioning HL7 module.

Pre-Requisite Patch Requirements

VistA Package and Version	Associated Patch Designation(s)	Brief Patch Description
Integrated Billing Version 2.0	IB*2.0*142	Addresses the following 9 NOIS messages: 1. SHE-1200-50122 Inpatient appt. showing on OUTPT unbilled 2. PHO-0800-61358 Non Billable Stop Code Events On Unbilled 3. NHM-1200-11952 Category C Charges not On-Hold 4. PHI-1200-21915 No rates On 2 Inpt Bills-Single Day Stays 5. RIC-1000-20406 Auto Decrease of Bill 6. NTH-0301-70469 ALPHA Error Code/351.51 Missing Entry 7. TNV-0301-32082 IB Cancelled/Regional Counsel Referred 8. OKL-0200-72516 Bills Not Listed

VistA Package and Version	Associated Patch Designation(s)	Brief Patch Description
		9. LEB-0201-20671 Alloc. Failure on Patient Insur List
Integrated Billing Version 2.0	IB*2.0*276	Veterans Health Information Systems and Technology Architecture (VistA) software applications and infrastructure were enhanced, in order to allow the electronic transmission of outpatient pharmacy prescription claims (WINDOW and MAIL fills) to third party payers via the network connections available through the Austin Automation Center (AAC). VistA was enhanced to receive electronic adjudicated responses from the third party payers, which include real-time processing for Drug Review Utilization and Refill Too Soon rejects.
Integrated Billing Version 2.0	IB*2.0*399	This patch contains several updates to Integrated Billing for billable event processing and reports related to billing Reasonable Charges. No charges are updated or exported with this patch. New Reasons Not Billable and updates to Insurance Timely Filing Timeframe with supporting Claims Tracking functionality are the primary updates.
Integrated Billing Version 2.0	IB*2.0*416	This patch contains electronic insurance verification (eIV) enhancements which are designed to improve the efficiency of the patient insurance verification process while reducing the workload of the insurance clerks.
Integrated Billing Version 2.0	IB*2.0*435	This patch has enhancements that extend the capabilities of the Veterans Health Information Systems and Technology Architecture (VistA) electronic pharmacy (ePharmacy) billing system.
Integrated Billing Version 2.0	IB*2.0*438	This patch contains electronic insurance verification (eIV) enhancements, which allows VistA to fully comply with Health Insurance Portability and Accountability Act (HIPAA) guidelines by allowing the generation of service type specific transactions. It will also further enhance the eIV process by modifying existing reports and providing new notification for tracking

VistA Package and Version	Associated Patch Designation(s)	Brief Patch Description
		payer links. This patch also includes real-time insurance verification functionality and changes to eIV inquiries and responses designed to accommodate for transmission of extra information and improved error handling.
Integrated Billing Version 2.0	IB*2.0*479	This patch addresses two issues: 1. The extract name which displays incorrectly for IV section in the MCCR Site Parameter Display/Edit option. 2. A '^' character is causing duplicate CPT codes (in the thousands) on Inpatient bills in the Enter/Edit Billing Information option.
Integrated Billing Version 2.0	IB*2.0*497	This Integrated Billing (IB) patch introduces substantial changes to VistA's electronic Insurance Verification (eIV) Eligibility Inquiry and Response Processing in order to meet the Committee on Operating Rules for Information Exchange (CORE) Operating Rules.

Hardware Requirements

The eIV patch requires a standard implementation of VistA running on a hardware platform that is commonly supported by VistA.

Additionally, TCP/IP network connectivity needs to be available between the site's VistA server and the Eligibility Communicator (EC) server located at the FSC in Austin, TX. The EC server is connected to the VA's intranet; therefore connectivity should be available without additional action as long as the VistA server is also connected to the VA's intranet.

Globals

Global ^IBCN should have been created prior to installation of IB*2.0*184. Please verify the global exists prior to installation of IB*2.0*506.

Data Files Stored in the Global ^IBCN:
- IIV RESPONSE (#365)
- IIV TRANSMISSION QUEUE (#365.1)

- IIV AUTO MATCH (#365.11)
- IIV RESPONSE REVIEW (#365.2)

Data Files Stored in the Global ^IBE:
- X12 271 ELIGIBILITY/BENEFIT (#365.011)
- X12 271 COVERAGE LEVEL (#365.012)
- X12 271 SERVICE TYPE (#365.013)
- X12 271 INSURANCE TYPE (#365.014)
- X12 271 TIME PERIOD QUALIFIER (#365.015)
- X12 271 QUANTITY QUALIFIER (#365.016)
- X12 271 ERROR CONDITION (#365.017)
- X12 271 ERROR ACTION (#365.018)
- X12 271 CONTACT QUALIFIER (#365.021)
- PAYER (#365.12)
- PAYER APPLICATION (#365.13)
- IIV TRANSMISSION STATUS (#365.14)
- IIV STATUS TABLE (#365.15)
- X12 271 ENTITY IDENTIFIER CODE (#365.022)
- X12 271 IDENTIFICATION QUALIFIER (#365.023)
- X12 271 PROVIDER CODE (#365.024)
- X12 271 DELIVERY FREQUENCY CODE (#365.025)
- X12 271 DATE QUALIFIER FILE (#365.026)
- X12 271 LOOP ID (#365.027)
- X12 271 REF IDENTIFICATION (#365.028)
- X12 271 UNITS OF MEASUREMENT (#365.029)
- X12 271 ENTIITY RELATIONSHIP CODE (#365.031)
- X12 271 DATE FORMAT QUALIFIER (#365.032)
- X12 271 YES/NO RESPONSE CODE (#365.033)
- X12 271 LOCATION QUALIFER (#365.034)
- X12 271 PROCEDURE CODING METHOD (#365.035)
- X12 271 DELIVERY PATTERN (#365.036)
- X12 271 PATIENT RELATIONSHIP (#365.037)
- X12 271 INJURY CATEGORY (#365.038)
- X12 271 MILITARY PERSONNEL INFO STATUS CODE (#365.039)
- X12 271 MILITARY GOVT SERVICE AFFILIATION (#365.041)
- X12 271 MILITARY SERVICE RANK (#365.042)
- X12 271 ENTITY TYPE QUALIFIER (#365.043)
- X12 271 CODE LIST QUALIFIER (#365.044)
- X12 271 NATURE OF INJURY CODES (#365.045)
- X12 271 MILITARY EMPLOYMENT STATUS CODE (#365.046)

Globals to Journal

Journaling for the global **IBCN** is recommended. Journaling instructions from the IB Technical Manual should be followed.

Estimated Global Growth

Only two of the files related to eIV are expected to grow significantly over time. These files are the IIV TRANSMISSION QUEUE (#365.1) and IIV RESPONSE (#365) files. The growth rate of these files is directly proportional to the number of inquiries/responses that are generated each day. The volume of daily activity at each site can be controlled through the batch extract settings defined in the MCCR Site Parameters screen. As an example, if 5,000 records are generated for one day, the total growth for that day may be up to 20 MB.

> ^IBCN(365) - .003 Mb per entry (IIV Response File #365)
> ^IBCN(365.1) - .001Mb per entry (IIV Transmission Queue #365.1)

Note that functionality has been included that allows data in these files to be purged if it is at least six months old.

HL7 Management

eIV makes heavy use of HL7 messaging. Ensure that the HL7 globals have sufficient room for growth. Reference HL*1.6*19 patch documentation for further instructions. Also, reference the External Interfaces – HL7 Communications Setup section, in this manual, for specific eIV HL7 information.

This interface is dependent upon both an IP address and the port on which HL7 listens. If any of the following scenarios occur, you may need to adjust the settings for one of the eIV logical links. Without this adjustment, the interface will stop transmitting insurance inquiries and receiving eligibility responses. In other words, the interface will stop working.

- The VAMC changes which node is the start-up node.
- The VAMC changes the port on which HL7 is listening.

If either of the above scenarios occurs, reference Appendix C for specific instructions related to adjusting the eIV logical links.

Bulletins

Currently there are no bulletins set up for the electronic Insurance Identification and Verification Interface Version 1.0 software.

TECHNICAL NOTES

Namespace

The Insurance Identification and Verification Interface has been assigned the namespace IBCNE. Approval was obtained in order to modify some routines in the IBJPI namespace. The IBCNE namespace is used for all new routines, options etc. associated with this interface. Routines directly associated with IB IIV Site Parameters uses the IBJPI namespace.

File Number Space

The eIV package file range is 365-365.99.

Routines

These are current Integrated Billing programs that are part of the electronic Insurance Verification software.

Routine Name	Description
IBCNBAA	This program sets up the Insurance Buffer to process Accepts.
IBCNBAC	This program contains subroutines for the individual acceptance of buffer entry information.
IBCNBAR	Insurance Buffer Accept/Reject functions.
IBCNBCD	Compare buffer entry with existing patient insurance.
IBCNBEE	This program edits existing entries in the Insurance Buffer.
IBCNBES	This program files new entries/data into the Insurance Buffer.
IBCNBLA	This program executes List Manager actions for the Insurance Buffer List Manager.
IBCNBLA1	This program executes List Manager actions for the Insurance Buffer List Manager.
IBCNBLA2	This program contains subroutines for processing and validating the selection of multiple entries from the INSURANCE VERIFICATION PROCESSOR file (#355.33).
IBCNBLB	"Expand benefits" option in Insurance Buffer views.
IBCNBLE	This program is the Insurance Buffer entry screen.
IBCNBLE1	This program performs the Expand Entry action in the Insurance Buffer List Manager screen. Code to call utilities to reevaluate the eIV Status and display revised values is included, as well.
IBCNBLL	This program generates the Insurance Buffer entries for the initial List Manager screen.
IBCNBME	This program is used to add or edit an Insurance Buffer entry for other packages.

Routine Name	Description
IBCNBMI	This program moves data from the Insurance Buffer to the Insurance files.
IBCNBU1	This program contains Insurance Buffer utilities.
IBCNBUH	This program contains Insurance Buffer Help text.
IBCNEAMC	This program produces the list of auto matched entries for the INSURANCE VERIFICATION PROCESSOR file (#355.33).
IBCNEAME	This program allows users to enter or edit Auto matched entries.
IBCNEAMI	This program performs an input transform for the Auto Match functionality.
IBCNEBF	This program will create a Buffer entry based upon input values.
IBCNEDE	This program is the main driver for all data extracts associated with the Insurance Identification and Verification interface. This program will run each extract in the specified order, which populates the IIV Transmission File (sometimes it creates/updates an entry in the insurance buffer as well). It then begins to process the inquiries in the IIV TRANSMISSION FILE (#365.1).
IBCNEDE1	This program loops through the insurance buffer and creates eIV transaction queue entries when appropriate. Periodically checks for stop request for background task.
IBCNEDE2	This program finds veterans who are scheduled to be seen within a specified date range. Periodically checks for stop request for background task.
IBCNEDE3	This program finds veterans who have been seen within a specified date range that have active insurance records that have not been verified recently. Periodically checks for stop request for background task.
IBCNEDE4	This program finds veterans who have been seen within a specified date range but who have no active or no insurance records. Periodically checks for stop request for background task.
IBCNEDE5	This program contains function calls used for the data extracts.
IBCNEDE6	This program contains function calls used for the data extracts.
IBCNEDE7	This program was added to include subroutines originally in routine IBCNEDE when IBCNEDE had expanded beyond the routine size limitation in VistA.
IBCNEDEP	This program finds records needing HL7 message creation and creates records in the Transmission Queue and Response Files.
IBCNEDEQ	This program contains some subroutines for processing a transmission.
IBCNEDST	HL7 Registration Message Statistics
IBCNEHLD	This program will process deactivate registration MFN message. This should only be executed by instruction – to be used to turn off a site from electronic Insurance Identification and Verification interface.
IBCNEHLI	This program parses each incoming HL7 message and passes the message on to the processing program.
IBCNEHL1	This program, which processes incoming RPI messages, replaces IBCNEHLR
IBCNEHL2	This program, which processes incoming RPI messages, replaces IBCNEHLP

Routine Name	Description
IBCNEHL3	This program, which processes incoming RPI messages, replaces IBCNEHLS
IBCNEHL4	This program, which processes incoming RPI messages, replaces IBCNEHLP
IBCNEHL5	HL7 Process Incoming RPI Messages
IBCNEHLK	This program processes the Registration MFN Acknowledgement message.
IBCNEHLM	This program will create the outgoing Registration MFN message.
IBCNEHLO	This program takes "ready to transmit" records and sets variables needed to create the HL7 message.
IBCNEHLQ	This routine builds the HL7 segments for an eIV Verification (RQI^I01) or Identification (RQI^I03) request.
IBCNEHLT	This program will process incoming HL7 MFN messages and update the appropriate tables
IBCNEHLU	This program contains some specialized HL7 utility functions.
IBCNEKI2	This program is a continuation of the eIV purge logic in IBCNEKIT.
IBCNEKIT	This program handles the purging of the eIV data stored in the IIV TRANSMISSION QUEUE File (#365.1) and in the IIV RESPONSE File (#365). User can pick a date range for the purge. Data created within 6 months cannot be purged. The actual global kills are done by a background task after hours.
IBCNEML	MAILMAN NOTIFICATION TO LINK PAYERS
IBCNEPM	This program executes the Payer Maintenance option.
IBCNEPM1	This program is a continuation of the Payer Maintenance option.
IBCNEPM2	This program is a continuation of the Payer Maintenance option.
IBCNEPST	This is the KIDS post-installation program for IB*2.0*184.
IBCNEPY	This program modifies entries in the PAYER File (#365.12).
IBCNEQU	This program performs the Request Electronic Insurance Inquiry functionality.
IBCNERP0	This program is part of the eIV Statistical Report.
IBCNERP1	This program is part of the eIV Response Report.
IBCNERP2	This program is part of the eIV Response Report compile.
IBCNERP3	This program is part of the eIV Response Report print.
IBCNERP4	This program is part of the eIV Payer Report.
IBCNERP5	This program is part of the eIV Payer Report compile.
IBCNERP6	This program is part of the eIV Payer Report print.
IBCNERP7	This program is part of the eIV Statistical Report.
IBCNERP8	This program is part of the eIV Statistical Report compile.
IBCNERP9	This program is part of the eIV Statistical Report print.
IBCNERPA	This program is part of the eIV Response Report.
IBCNERPB	This program is part of the eIV Payer Link Report.
IBCNERPC	This program is part of the eIV Payer Link Report.
IBCNERPD	This program is part of the eIV Payer Link Report.
IBCNERPE	This program is part of the eIV Response Report.
IBCNERPF	This program is part of the eIV Insurance Update Report.
IBCNERPG	This program is part of the eIV Insurance Update Report.
IBCNERPH	This program is part of the eIV Insurance Update Report.

Routine Name	Description
IBCNERPI	IBCNE eIV Secondary Insurance Report Print
IBCNERTQ	Real-time Insurance Verification
IBCNES	Eligibility/Benefits screen.
IBCNES1	Eligibility/Benefits screen utilities.
IBCNES2	Eligibility/Benefits screen action protocols.
IBCNES3	Eligibility/Benefits screen action protocols, cont.
IBCNESI	Potential Medicare COB Prompts
IBCNESI1	MEDICARE POTENTIAL COB Patient Selection
IBCNESI2	MEDICARE PATIENTS WITH SUBSEQUENT INSURANCE
IBCNEUT1	This program contains general eIV utilities.
IBCNEUT2	This program contains general eIV utilities.
IBCNEUT3	This program contains general eIV utilities.
IBCNEUT4	This program contains general eIV utilities.
IBCNEUT5	This program contains general eIV utilities.
IBCNEUT6	This program contains general eIV utilities.
IBCNEUT7	This program contains general eIV utilities.
IBCNEUT8	This program contains general eIV utilities.
IBCNS3	Display extended insurance information.
IBCNSC	This program edits an Insurance Company.
IBCNSC01	This program edits an Insurance Company.
IBCNSC41	Insurance plan screen utilities.
IBCNSP0	Insurance Management – Expanded Policy
IBCNSP01	Insurance management – expanded policy screen.
IBCNSMM	This program deals with Medicare Insurance intake.
IBCNUPD	Update Subscriber Info for Selected Patients
IBJPI	This program is used to define the IIV Site Parameters.
IBJPI2	This program performs the IIV Site Parameters actions.
IBJPI3	Most popular payer screen.
IBJPI4	Most popular payer screen.
IBJPI5	IBJP5 eIV Site Parameters Screen
IBJPM	This program displays and allows editing of the MCCR Site Parameters.
IBY506PO	Post Install for IB*2*506

File List with Descriptions

WARNING: It is not recommended that you use VA FileManager to edit any of the files directly! Furthermore, editing any of the new files without direction from the interface programmers may cause the interface to become non-functional!

File #	File Name	Data Dictionary
2	PATIENT	^DPT – contains all the patients followed by the medical center/Outpatient clinic.
2.312	INSURANCE TYPE SUB_FILE	This multiple contains patient's insurance information.
2.322	ELIGIBILITY/BENEFIT SUB-	This multiple contains all of the eligibility and benefit

File #	File Name	Data Dictionary
	FILE	data for a specific insured person returned from the Payer.
36	INSURANCE COMPANY	^DIC(36)- This file contains the names and addresses of insurance companies as needed by the local facility. The data in this file is NOT EDITABLE USING VA FILEMAN. If a new entry needs to be made or an existing entry changed, the user must be assigned the appropriate MAS or IB module option.
350.9	IB SITE PARAMETERS	^IBE(350.9) – This file contains the data necessary to run the IB package. It has been modified to store the parameters needed for the Insurance Identification and Verification Interface. All data elements for the Insurance Identification and Verification Interface will be numbered 51.nn.
350.9002	BATCH EXTRACTS (sub-file)	This multiple contains site parameters related to batch extracts.
353.1	PLACE OF SERVICE	
355.33	INSURANCE VERIFICATION PROCESSOR	^IBA(355.33) – This file contains insurance information accumulated by various sources. The data is held in this file until an authorized person processes the information by either rejecting it or moving it to the Insurance files.
365	IIV RESPONSE	^IBCN(365) – This file holds all responses to HL7 messages generated from the IIV TRANSMISSION QUEUE File (#365.1) for Insurance Identification and Verification.
365.011	X12 271 ELIGIBILITY/BENEFIT	^IBE(365.011) – This contains the eligibility statuses of the individual or the benefit related categories from the corresponding X.12 271 EB01 codes.
365.012	X12 271 COVERAGE LEVEL	^IBE(365.012) – This contains the level of coverage of benefits from the corresponding X.12 271 EB02 codes.
365.013	X12 271 SERVICE TYPE	^IBE(365.013) – This contains the classification of services from the corresponding X.12 271 EB03 codes.
365.014	X12 271 INSURANCE TYPE	^IBE(365.014) – This contains different types of insurance policies from the corresponding X.12 271 EB04 codes.
365.015	X12 271 TIME PERIOD QUALIFIER	^IBE(365.015) – This contains the time period category when qualifying benefit availability from the corresponding X.12 271 EB05 codes.
365.016	X12 271 QUANTITY QUALIFIER	^IBE(365.016) – This contains the type of units that are conveyed when describing a benefit quantity from the corresponding X.12 271 EB06 codes.

File #	File Name	Data Dictionary
365.017	X12 271 ERROR CONDITION	^IBE(365.017) – This file contains all the corresponding X.12 271 AAA03 codes. These values are returned because of an error in processing.
365.018	X12 271 ERROR ACTION	^IBE(365.018) – This file contains the action that eIV should take as a result of an error encountered.
365.02	ELIGIBILITY / BENEFIT SUB-FILE	This multiple contains eligibility/benefit information.
365.021	X12 271 CONTACT QUALIFIER	^IBE(365.021) – This contains the different types of communications.
365.022	X12 ENTITY IDENTIFIER CODE	This file contains all the corresponding X.12 codes which identify an eligibility/benefit entity.
365.023	X12 271 IDENTIFICATION QUALIFIER	This file contains all the corresponding X.12 codes for identification qualifiers.
365.024	X12 271 PROVIDER CODE	This file contains all the corresponding X.12 codes which identify a provider.
365.025	X12 271 DELIVERY FREQUENCY CODE	This file contains all the corresponding X.12 codes for delivery frequency.
365.026	X12 271 DATE QUALIFIER FILE	This file contains all the corresponding X.12 codes for date/time qualifiers.
365.027	X12 271 LOOP ID	This file contains all the corresponding X.12 codes for loop IDS
365.028	X12 271 REF IDENTIFICATION	This file contains all the corresponding X.12 codes for ref identification.
365.029	X12 271 UNITS OF MEASUREMENT	This file contains all the corresponding X.12 271 Units of measurement.
365.031	X12 271 ENTITY RELATIONSHIP CODE	This file contains all the corresponding X.12 271 Entity Relationship codes.
365.032	X12 271 DATE FORMAT QUALIFIER	This file contains all the corresponding X.12 271 date format qualifiers.
365.033	X12 271 YES/NO RESPONSE CODE	This file contains the corresponding X.12 271 YES/NO condition or Response codes.
365.034	X12 271 LOCATION QUALIFER	This file contains all the corresponding X.12 271 Location Qualifiers.
365.035	X12 271 PROCEDURE CODING METHOD	This file contains all the corresponding X.12 271 procedure coding methods.
365.036	X12 271 DELIVERY PATTERN	This file contains all the corresponding X12 271 Delivery Pattern codes.
365.037	X12 271 PATIENT RELATIONSHIP	This file contains all the corresponding X.12 271 patient relationship codes.
365.038	X12 271 INJURY CATEGORY	This file contains all the corresponding X.12 271 Nature of Injury Category codes.

File #	File Name	Data Dictionary
365.039	X12 271 MILITARY PERSONNEL INFO STATUS CODE	This file contains all the corresponding X.12 271 military personnel information status codes.
365.041	X12 271 MILITARY GOVT SERVICE AFFILIATION	This file contains all the corresponding X.12 271 military personnel information government service affiliation codes.
365.042	X12 271 MILITARY SERVICE RANK	This file contains all the corresponding X.12 271 military personnel information rank codes.
365.043	X12 271 ENTITY TYPE QUALIFIER	This file contains all the corresponding X.12 271 Entity Type Qualifiers.
365.044	X12 271 CODE LIST QUALIFIER	This file contains all the corresponding X.12 271 code list qualifiers.
365.045	X12 271 NATURE OF INJURY CODES	This file contains all the corresponding X.12 271 NATURE OF INJURY CODES.
365.046	X12 271 MILITARY EMPLOYMENT STATUS CODE	This file contains all the corresponding X.12 271 MPI employment status codes.
365.1	IIV TRANSMISSION QUEUE	^IBCN(365.1) – This file contains records, which have been selected based on specific criteria to generate an HL7 message. These messages will be sent to the Eligibility Communicator for processing.
365.11	IIV AUTO MATCH	^IBCN(365.11) – This file contains records, which have been entered by the users to assist with the identification of a valid insurance company names that are found in the INSURANCE COMPANY File (#36).
365.12	PAYER	^IBE(365.12) – This file contains all payers, which can be communicated with electronically for insurance identification and verification.
365.121	APPLICATION SUB-FILE	This multiple contains application-related data for a given payer.
365.1212	ACTIVE FLAG LOG (sub-file)	This multiple contains log of changes to the "ACTIVE" flag.
365.1213	TRUSTED FLAG LOG (sub-file)	This multiple contains log of changes to the "TRUSTED" flag.
365.13	PAYER APPLICATION	^IBE(365.13) – This file contains all the different applications that a payer could be contacted electronically for.
365.14	IIV TRANSMISSION STATUS	^IBE(365.14) – This file contains all the possible message statuses that are found in the IIV TRANSMISSION QUEUE File (#365.1) and the IIV RESPONSE File (#365).
365.15	IIV STATUS TABLE	^IBE(365.15) – This file contains the possible eIV

File #	File Name	Data Dictionary
		Status symbols, and in some cases the applicable error message, that is found in the Insurance Buffer entries.
365.2	IIV RESPONSE REVIEW	^IBCN(365.2) - This file holds the outcome of the reviews of MEDICARE (WNR) messages contained in the IIV RESPONSE file (#365). The file is populated when the user enters comments and statuses against selected messages using the Medicare Potential COB Worklist [IBCNE POTENTIAL COB LIST] option.

Input Templates

Following is a list of the VA FileMan input templates exported.

Input Template	File
IBEDIT INS CO1	INSURANCE COMPANY #36
IBCNE GENERAL PARAMETER EDIT	IB SITE PARAMETERS #350.9

List Templates

Following is a list of the VA FileMan list templates exported.

List Template
IBCNB INSURANCE BUFFER ENTRY
IBCNE MEDICARE COB DISPLAY
IBCNE MEDICARE COB LIST
IBCNE AUTO MATCH BUFFER LIST
IBCNE PAYER EXPAND LIST
IBCNE PAYER MAINT LIST
IBCNE REQUEST INS INQUIRY LIST
IBJP IIV SITE PARAMETERS
IBJP IIV MOST POPULAR PAYERS
IBJP MCCR PARAMETERS
IBCNB INSURANCE BUFFER LIST
IBCNE ELIGILITY/BENEFIT INFO
IBCNS EXPANDED POLICY
IBCNS INS CO PLAN DETAIL
IBJT CLAIM INFO

List Template
IBCNE ELIGIBILITY/BENEFIT INFO
IBCNE MEDICARE COB DISPLAY
IBCNE MEDICARE COB LIST

Mail Group

Mail Group Name	Description
IBCNE EIV MESSAGE	This Mail Group receives message when eIV encounters a problem, which includes but is not limited to: building inquiries, processing responses, and other issues with the HL7 messages.

Options for eIV

eIV (VistA) options	Description	Attached to Menu
Enter/Edit Auto Match Entries [IBCNE AUTO MATCH ENTER/EDIT]	This option is used to define and/or edit eIV Auto Match rules which assist the eIV software with matching free-text insurance company names in the Insurance Buffer with insurance companies in the INSURANCE COMPANY File (#36).	eIV Menu [IBCNE IIV MENU]
Add Auto Match Entries Using Insurance Buffer Data [IBCNE AUTO MATCH BUFFER]	This option is a tool that lists each of the free-text insurance company names in the Insurance Buffer to determine whether a match is able to be made to an existing insurance company in the INSURANCE COMPANY File (#36).	eIV Menu [IBCNE IIV MENU]
IIV Nightly Process [IBCNE IIV BATCH PROCESS]	This option is used to begin the nightly batch processing. The nightly processing checks to ensure that all required parameters are defined, runs the inquiry extracts, send a registration message to the EC, and then proceeds to deliver the inquiries. This option is typically run on a nightly basis through a scheduled TaskMan task.	(TaskMan ONLY)

eIV (VistA) options	Description	Attached to Menu
Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]	This menu lists options to maintain the PAYER File (#365.12).	Patient Insurance Menu [IBCN INSURANCE MGMT MENU]
IIV Statistical Report [IBCNE IIV STATISTICAL REPORT]	This option runs the eIV Statistical Report which contains a summary of incoming and outgoing message traffic, as well as current statistics for the Insurance Buffer.	eIV Menu [IBCNE IIV MENU]
Unlinked Payers Notification [IBCNE EIV PAYER LINK NOTIFY]	This option sends a Mailman notification to eIV mail group that contains total number of nationally active unlinked payers with potential insurance company matches along with the list of nationally active linked payers that are locally inactive.	
eIV Patient Insurance Update Report [IBCNE EIV UPDATE REPORT]	This option is used to view the list of patients whose Patient Insurance Information has been either not updated or updated in one of the following manners: Automatic updates based on a 271 Response message or processing via the Insurance Buffer option.	Patient Insurance Menu. [IBCN INSURANCE MGMT MENU]
IIV Payer Link Report [IBCNE IIV PAYER LINK REPORT]	This option runs the eIV Payer Link Report which provides either a Payer List or an Insurance Company List. The Payer List reflects the payer / insurance company link information while the Insurance Company List reflects the insurance company / payer link information.	eIV Menu [IBCNE IIV MENU]
IIV Payer Report [IBCNE IIV PAYER REPORT]	This option runs the eIV Payer Report which provides statistics on a payer-by-payer basis regarding the number of inquiries sent and received and summaries of error codes that have been returned.	eIV Menu [IBCNE IIV MENU]
Payer Edit	This option is used to review the	Payer Maintenance Menu

eIV (VistA) options	Description	Attached to Menu
[IBCNE PAYER EDIT] *Requires the security key IB INSURANCE SUPERVISOR	list payers that are currently available for EDI communications in the national payer list maintained by the EC. This option can be used to locally enable or disable each payer for the site.	[IBCNE PAYER MAINTENANCE MENU]
Purge IIV Transactions [IBCNE PURGE IIV DATA]	This option allows the site to purge eIV inquiry and response data from the IIV TRANSMISSION QUEUE (#365.1) and IIV RESPONSE (#365) files, respectively.	Purge Menu [IB PURGE MENU]
Request Electronic Insurance Inquiry [IBCNE REQUEST INQUIRY] *Requires the security key IBCNE IIV SUPERVISOR	This option provides the means to manually request an electronic eligibility inquiry for a specified patient and insurance company. This option also allows an identification request to the sent for a specified patient that directs the EC to send all known insurance for that patient.	eIV Menu [IBCNE IIV MENU]
Link Insurance Companies to Payers [IBCNE PAYER LINK] *Requires the security key IB INSURANCE SUPERVISOR	This option is a tool that assists insurance supervisor staff with matching the individual insurance companies in the INSURANCE COMPANY File (#36) to payers in the PAYER File (#365.12) by utilizing the professional and institutional EDI identifier to propose potential matches.	Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]
IIV Ambiguous Policy Report [IBCNE IIV AMBIGUOUS POLICY RPT]	This option displays details of ambiguous responses that were received as a result of identification inquiries. These responses are not stored in the buffer. Therefore, this report was added as a mechanism for reviewing this information.	Potential New Insurance Found [IBCNE POTENTIAL NEW INS FOUND]
IIV Inactive Policy Report [IBCNE IIV INACTIVE POLICY RPT]	This option display details of no active insurance responses were received as a result of identification inquiries. These responses are not stored in the	Potential New Insurance Found [IBCNE POTENTIAL NEW INS FOUND]

eIV (VistA) options	Description	Attached to Menu
	buffer. Therefore, this report was added as a mechanism for reviewing this information.	
Potential New Insurance Found [IBCNE POTENTIAL NEW INS FOUND]	This menu contains the eIV Ambiguous Policy and eIV Inactive Policy reports.	eIV MENU [IBCNE IIV MENU]
eIV Response Report [IBCNE IIV RESPONSE REPORT]	This option runs the eIV Response Report that displays details about the incoming electronic responses from the payers via the Eligibility Communicator.	eIV MENU [IBCNE IIV MENU]
Update Subscriber Info [IBCN UPDATE SUBSCRIBER INFO]	This option will update subscriber fields defined to the INSURANCE TYPE sub-file (2.312).	MCCR System Definition Menu [IB SYSTEM DEFINITION MENU]
Medicare Potential COB Worklist [IBCNE POTENTIAL COB LIST]	This option creates a list of those patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare Insurance.	eIV MENU [IBCNE IIV MENU]

VistA Options Included in Transport Global

The following VistA option	Description
IBCN INSURANCE CO EDIT	This option allows editing of insurance company information.

List Manager Templates

List Manager Template	Description
IBCN MEDICARE COB EXPAND	Display type List Manager template for expanded Medicare patients with subsequent insurance
IBCNE AUTO MATCH BUFFER LIST	List Manager template for the IBCNE AUTO MATCH BUFFER option.
IBCNE ELIGIBILITY/BENEFIT INFO	Protocol type List Manager template for Insurance Buffer Process screen
IBCNE MEDICARE COB DISPLAY	Protocol type List Manager template for the display of the MEDICARE POTENTIAL COB worklist
IBCNE MEDICARE COB LIST	Protocol type List Manager template for the display of the MEDICARE POTENTIAL COB worklist
IBCNE REQUEST INS INQUIRY LIST	List Manager template to lists the veteran's active and inactive insurance policies not including any ineligible (Medicare or Medicaid) policies.
IBCNE PAYER EXPAND LIST	List Manager template to show detail information about a Payer and Insurance Companies to link.
IBCNE PAYER MAINT LIST	List Manager template that shows the number of Insurance Companies with a matching EDI number that does not link to a Payer.
IBJP IIV MOST POPULAR PAYERS	List Manager template that allows the entry and edits of the eIV Most Popular Payer list.
IBJP IIV SITE PARAMETERS	List Manager template for the Insurance Verification screen.

Protocols

Protocol	Type
IBCNB ENTRY EDIT ALL	Action
IBCNB ENTRY EDIT GROUP	Action
IBCNB ENTRY EDIT INSURANCE	Action
IBCNB ENTRY EDIT POLICY	Action
IBCNB ENTRY ESCALATE	Action

Protocol	Type
IBCNB ENTRY RESPONSE REPORT	Action
IBCNB ENTRY SCREEN MENU	Menu
IBCNB ENTRY VERIFY	Removed with IB*2.0*506 (was Action)
IBCNB EXPAND BENEFITS	Action
IBCNB FAST EXIT	Action
IBCNB LIST ADD	Action
IBCNB LIST APPOINTMENTS VIEW	Removed with IB*2.0*506 (was Action)
IBCNB LIST CHECK NAMES	Action
IBCNB LIST COMPLETE VIEW	Action
IBCNB LIST ENTRY SCREEN	Action
IBCNB LIST EPHARMACY VIEW	Action
IBCNB LIST FAILURE VIEW	Action
IBCNB LIST MEDICARE VIEW	Action
IBCNB LIST NEGATIVE VIEW	Action
IBCNB LIST POSITIVE VIEW	Action
IBCNB LIST PROCESS SCREEN	Action
IBCNB LIST REJECT	Action
IBCNB LIST SCREEN MENU	Menu
IBCNB LIST SORT	Action
IBCNB PROCESS ACCEPT	Action
IBCNB PROCESS COMPARE/EDIT	Action
IBCNB PROCESS ENTRY SCREEN	Action
IBCNB PROCESS REJECT	Action
IBCNB PROCESS SCREEN MENU	Menu
IBCNB PROCESS TOGGLE	Action
IBCNE AUTO MATCH BUFFER EXIT	Action
IBCNE AUTO MATCH BUFFER LINK	Action
IBCNE AUTO MATCH BUFFER MENU	Menu
IBCNE AUTO MATCH BUFFER SELECT	Action
IBCNE AB VIEW EXP ELIG BEN SCREEN	Action
IBCNE ELIG BEN INFO MENU	Menu
IBCNE FAST EXIT	Action
IBCNE IIV ID REQUEST	Event driver
IBCNE IIV IN	Event driver
IBCNE IIV MFN OUT	Event driver
IBCNE IIV MFN IN	Subscriber
IBCNE IIV REGISTER	Event driver
IBCNE IIV RESPONSE	Subscriber
IBCNE IIV RQI OUT	Event driver
IBCNE IIV RQV OUT	Event driver
IBCNE IIV TABLE	Subscriber
IBCNE IIV VER REQUEST	Subscriber
IBCNE JT COVERAGE LIMIT DATE RANGE	Action
IBCNE JT VIEW EXP ELIG BEN SCREEN	Action
IBCNE MEDICARE COB	Menu

Protocol	Type
IBCNE MEDICARE COB AC	Action
IBCNE MEDICARE COB CS	Action
IBCNE MEDICARE COB DISP	Menu
IBCNE MEDICARE COB EE	Action
IBCNE PAYER EXIT	Action
IBCNE PAYER EXPAND	Action
IBCNE PAYER EXPAND MENU	Menu
IBCNE PAYER LINK	Action
IBCNE PAYER MAINT MENU	Menu
IBCNE REVERIFY INSURANCE MENU	Menu
IBCNE SELECT INSURANCE	Action
IBCNE SV VIEW EXP ELIG BEN SCREEN	Action
IBCNE VP VIEW EXP ELIG BEN SCREEN	Action
IBCNS EXIT	Action
IBCNS QUIT	Action
IBCNSA AN BEN ADD COM	Action
IBCNSA AN BEN CH YR	Action
IBCNSA AN BEN ED ALL	Action
IBCNSA AN BEN HOME HEA	Action
IBCNSA AN BEN HOSPC	Action
IBCNSA AN BEN INPT	Action
IBCNSA AN BEN IV MGMT	Action
IBCNSA AN BEN MEN H	Action
IBCNSA AN BEN OPT	Action
IBCNSA AN BEN POL INF	Action
IBCNSA AN BEN REHAB	Action
IBCNSA AN BEN USER INF	Action
IBCNSA ANNUAL BENEFITS	Menu
IBCNSC INS CO (IN)ACTIVATE COMPANY	Action
IBCNSC INS CO APPEALS OFFICE	Action
IBCNSC INS CO ASSOCIATION	Action
IBCNSC INS CO BILLING PARAMETERS	Action
IBCNSC INS CO CHANGE COMPANY	Action
IBCNSC INS CO DELETE COMPANY	Action
IBCNSC INS CO EDIT ALL	Action
IBCNSC INS CO INPT CLAIMS	Action
IBCNSC INS CO INQUIRY OFFICE	Action
IBCNSC INS CO MAIN MAILING ADDRESS	Action
IBCNSC INS CO OPT CLAIMS	Action
IBCNSC INS CO PAYER	Action
IBCNSC INS CO REMARKS	Action
IBCNSC INS CO RX CLAIMS	Action
IBCNSC INS CO SYNONYMS	Action
IBCNSC INS CO TELEPHONE	Action
IBCNSC INSURANCE CO	Menu
IBCNSC PLAN DETAIL	Action
IBCNSC PLAN LIST	Menu

Protocol	Type
IBCNSC PROVIDER ID PARAMETERS	Action
IBCNSJ CHANGE PLAN	Action
IBCNSJ EDIT COVERAGE LIMITS	Action
IBCNSJ EDIT PLAN INFO	Action
IBCNSJ INACTIVATE PLAN	Action
IBCNSJ INS CO EDIT COVERAGE LIMITS	Action
IBCNSJ INS CO INACTIVATE PLAN	Action
IBCNSJ INS CO PLANS	Action
IBCNSJ PLAN COMMENT	Action
IBCNSJ PLAN LOOKUP	Menu
IBCNSJ PLAN SELECT	Action
IBCNSJ PLAN UR INFO	Action
IBCNSJ PLAN VIEW/EDIT	Action
IBCNSJ SWITCH PLANS	Action
IBCNSJ UPDATE ANNUAL BENEFITS	Action
IBCNSM INSURANCE MANAGEMENT	Menu
IBCNSM ADD POLICY	Action
IBCNSM BENEFITS USED	Action
IBCNSM CHANGE PATIENT	Action
IBCNSM DELETE POLICY	Action
IBCNSM EDIT ALL	Action
IBCNSM PATIENT INSURANCE	Menu
IBCNSM PERSONAL RIDERS	Action
IBCNSM PRINT PATIENT INS	Action
IBCNSM PRINT WORKSHEET	Action
IBCNSM RX COB DETERMINATION	Action
IBCNSM UPDATE ANNUAL BENEFITS	Action
IBCNSM UPDATE INS BENEFITS	Action
IBCNSM UPDATE INS CO.	Action
IBCNSM UPDATE POLICY	Action
IBCNSM VERIFY INS	Action
IBCNSM VIEW BENEFITS	Action
IBCNSM VIEW INS CO	Action
IBCNSM VIEW NAT INS CO	Action
IBCNSM VIEW PAT POLICY	Action
IBCNSP ADD COMMENT	Action
IBCNSP ANNUAL BENEFITS	Action
IBCNSP BENEFITS USED	Action
IBCNSP EDIT ALL	Action
IBCNSP EDIT EFFECTIVE DATES	Action
IBCNSP EDIT POLICY INFO	Action
IBCNSP EMPLOYER INFO FOR CLAIMS	Action
IBCNSP INSURANCE CONTACT INF	Action
IBCNSP PERSONAL RIDERS	Action
IBCNSP POLICY MENU	Action
IBCNSP SUBSCRIBER UPDATE	Action
IBCNSP UR INFO	Action

Protocol	Type
IBCNSP VERIFY COVERAGE	Action
IBCNSV ANNUAL BENEFITS	Menu
IBCNSV BENEFITS USED BY DATE	Menu
IBCNSV INSURANCE CO	Menu
IBCNSV PATIENT INSURANCE	Action
IBCNSV POLICY MENU	Menu
IBCNSV VIEW AN BEN	Action
IBCNSV VIEW BEN USED	Action
IBCNSV VIEW EXP POL	Action
IBJ EXIT	Action
IBJP AUTO BILLING SCREEN	Action
IBJP CLAIMS TRACKING SCREEN	Action
IBJP IB SITE PARAMETER SCREEN	Action
IBJP IB SITE SELECTED SERVICE CODES	Action
IBJP IIV BATCH EXTRACT EDIT	Action
IBJP IIV GENERAL EDIT	Action
IBJP IIV MOST POPULAR ADD	Action
IBJP IIV MOST POPULAR DELETE	Action
IBJP IIV MOST POPULAR EDIT	Action
IBJP IIV MOST POPULAR EXIT	Action
IBJP IIV MOST POPULAR MENU	Action
IBJP IIV MOST POPULAR MODIFY	Action
IBJP IIV MOST POPULAR REORDER	Action
IBJP IIV MOST POPULAR RESTORE	Action
IBJP IIV MOST POPULAR SAVE	Action
IBJP IIV PAT W/O INS	Action
IBJP INS VER MENU	Action
IBJP INS VER SCREEN	Action
IBJP MCCR PARAMETERS MENU	Menu
IBJT ACTIVE LIST SCREEN SKIP	Action
IBJT AR ACCOUNT PROFILE SCREEN	Action
IBJT AR COMMENT HISTORY SCREEN	Action
IBJT BILL CHARGES SCREEN	Action
IBJT BILL DX SCREEN	Action
IBJT BILL PROCEDURES SCREEN	Action
IBJT CHANGE BILL	Action
IBJT CLAIM MENU SCREEN	Menu
IBJT CLAIM SCREEN SKIP	Action
IBJT CT/IR COMMUNICATIONS LIST SCREEN	Action
IBJT EDI STATUS SCREEN	Action
IBJT HS HEALTH SUMMARY	Action
IBJT NS VIEW AN BEN MENU	Menu
IBJT NS VIEW AN BEN REDISPLAY	Action
IBJT NS VIEW AN BEN SCREEN	Action
IBJT NS VIEW EXP POL MENU	Menu
IBJT NS VIEW EXP POL REDISPLAY	Action
IBJT NS VIEW EXP POL SCREEN	Action

Protocol	Type
IBJT NS VIEW INS CO SCREEN	Action
IBJT PT ELIGIBILITY SCREEN	Action
VALM BLANK 1	Menu
VALM PRINT LIST	Menu

HL7 Application Parameters

HL7 Application Parameter
IIV EC
IIV VistA

HL Logical Links

HL Logical Link	Description
IIV EC	Link to Austin from VistA

Purging

All inquiries and responses for electronic eligibility requests made through eIV are stored in the IIV TRANSMISSION QUEUE File (#365.1) and the IIV RESPONSE File (#365). Over time these files will continue to grow as more inquiries and responses are stored. Therefore, the option Purge Insurance Verification Transactions [IBCNE PURGE IIV DATA] has been provided to allow inquiry and response data that is at least six months old to be purged. Note that it is critical to the eIV software to maintain at least six months of inquiry and response data to properly determine when a new inquiry should be made. This is due to the fact that eIV uses the information in these histories to determine when inquiries were made for specific patients/payers. The eIV nightly process will send an email reminder notice to the eIV MESSAGES mail group on the first day of each month if records are found that are eligible to be purged.

SECURITY

File Protection

The Insurance Identification and Verification Interface contains files that are standardized. They carry a higher level of file protection with regard to Delete, Read, Write, and LAYGO access, and should not be edited locally unless otherwise directed. The data dictionaries for all files should NOT be altered.

The following is a list of recommended VA FileMan access codes associated with each file contained in the KIDS build for the eIV interface.

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365	IIV RESPONSE	@					
365.011	X12 271 ELIGIBILITY/BENEFIT	@			@	@	
365.012	X12 271 COVERAGE LEVEL	@			@	@	
365.013	X12 271 SERVICE TYPE	@			@	@	
365.014	X12 271 INSURANCE TYPE	@			@	@	
365.015	X12 271 TIME PERIOD QUALIFIER	@			@	@	
365.016	X12 271 QUANTITY QUALIFIER	@			@	@	
365.017	X12 271 ERROR CONDITION	@			@	@	
365.018	X12 271 ERROR ACTION	@			@	@	
365.021	X12 271 CONTACT QUALIFIER	@			@	@	
365.022	X12 ENTITY IDENTIFIER CODE	@			@	@	
365.023	X12 271 IDENTIFICATION QUALIFIER	@			@	@	

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365.024	X12 271 PROVIDER CODE	@			@	@	
365.025	X12 271 DELIVERY FREQUENCY CODE	@			@	@	
365.026	X12 271 DATA QUALIFIER FILE	@			@	@	
365.027	X12 271 LOOP ID	@			@	@	
365.028	X12 271 REFERENCE IDENTIFICATION	@			@	@	
365.029	X12 271 UNITS OF MEASUREMENT	@			@	@	
365.031	X12 271 ENTITY RELATIONSHIP CODE	@			@	@	
365.032	X12 271 DATE FORMAT QUALIFIER						
365.033	X12 271 YES/NO RESPONSE CODE	@			@	@	
365.034	X12 271 LOCATION QUALIFER						
365.035	X12 271 PROCEDURE CODING METHOD	@			@	@	
365.036	X12 271 DELIVERY PATTERN						
365.037	X12 271 PATIENT RELATIONSHIP	@			@	@	
365.038	X12 271 INJURY CATEGORY						
365.039	X12 271 MILITARY PERSONNEL INFO STATUS CODE	@			@	@	
365.041	X12 271 MILITARY GOVT SERVICE AFFILIATION						
365.042	X12 271 MILITARY SERVICE RANK	@			@	@	

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365.043	X12 271 ENTITY TYPE QUALIFIER						
365.044	X12 271 CODE LIST QUALIFIER	@			@	@	
365.045	X12 271 NATURE OF INJURY CODES						
365.046	X12 271 MILITARY EMPLOYMENT STATUS CODE	@			@	@	
365.1	IIV TRANSMISSION QUEUE	@					
365.11	IIV AUTO MATCH	@					
365.12	PAYER	@					
365.13	PAYER APPLICATION	@					
365.14	IIV TRANSMISSION STATUS	@			@	@	
365.15	IIV STATUS TABLE	@			@	@	
365.2	IIV RESPONSE REVIEW	@	@	@	@	@	

Security Keys

Security Key Name	Description
IBCNE IIV SUPERVISOR	This security key is for the Electronic Insurance Verification project (eIV). It will be used to restrict access to certain eIV options and applications. Only users holding this key will be allowed to access these eIV options and applications.
IBCNE IIV AUTO MATCH	This security key is for the Electronic Insurance Verification project (eIV). It will be used to restrict access for certain actions associated with the Auto Match File. Only users holding this key will be allowed to add, delete, or modify entries in the Auto Match File.
IB INSURANCE COMPANY EDIT	This security key is for both integrated billing and the Electronic Insurance Verification project (eIV). It will be used within the Insurance Verification Processor to determine what warning

Security Key Name	Description
	message to display to the user if one needs to create an insurance company while processing an entry from within the buffer.
IB GROUP/PLAN EDIT	This security key is for both integrated billing and the Electronic Insurance Verification project (eIV). It will be used within the Insurance Verification Processor to determine what warning message to display to the user if one needs to create a group/plan while processing an entry from within the buffer.

Options Locked by Security Keys

Options/Programs locked by a Security Key	Security Key
Request Electronic Insurance Inquiry [IBCNE REQUEST INQUIRY] option	IBCNE IIV SUPERVISOR
Payer Edit (Activate/Inactivate) [IBCNE PAYER EDIT] option	IB INSURANCE SUPERVISOR
Link Insurance Companies to Payers [IBCNE PAYER LINK] option	IB INSURANCE SUPERVISOR
The Auto Match routines programmatically check for the existence of this security key before allowing a user to add, delete, or update an entry in the Auto Match File. Users without the key may still view existing entries in the Auto Match File.	IBCNE IIV AUTO MATCH
Update Subscriber Info [IBCN UPDATE SUBSCRIBER INFO] option	IB SUPERVISOR
Insurance Company Entry/Edit [IBCN INSURANCE CO EDIT]	IB INSURANCE COMPANY EDIT

EXTERNAL INTERFACES

HL7 Messaging with the Eligibility Communicator (EC)

Interfacing between the two systems is accomplished by using VistA's HL7 software to communicate with the Eligibility Communicator. The HL7 software opens a TCP/IP port to transmit data to the Vitria BusinessWare application. The HL7 software listener waits for a response and processes the data when a response is received.

HL7 Communication Setup

Your facility should already be using HL7 for other VistA modules. Additional information on the setup of the HL7 package may be found at *http://vista.med.va.gov/hl7/archive/1.6/hl71_6p19.pdf.*

The logical links needed for this patch will be sent as part of the Installation KIDS.

```
           SYSTEM LINK MONITOR for VAMC

             MESSAGES  MESSAGES  MESSAGES  MESSAGES  DEVICE
    NODE     RECEIVED  PROCESSED TO SEND   SENT      TYPE     STATE

    IIV EC   850       850       850       850        NC      Inactive




    Incoming filers running => 1            TaskMan running
    Outgoing filers running => 1            Link Manager running

    Select a Command:
 (N)EXT  (B)ACKUP  (A)LL LINKS  (S)CREENED  (V)IEWS  (Q)UIT  (?) HELP:
```

The IIV EC Logical Link is the link that is used to transmit messages. It is defined as a CLIENT (SENDER). A CLIENT (SENDER) indicates that this Logical Link connects to a target system, with the current system acting as the sender. Since the eIV HL7 messages are transmitted in batch mode, it also has a definition of NON-PERSISTENT so that when all the messages have been sent, it will go to an Inactive state.

Data Sent to the Eligibility Communicator

As VistA sites install the Insurance Identification and Verification patch, VistA sends important information to the Eligibility Communicator. This registration dialog triggers several events; a download of the Payer Table and an update to the Eligibility Communicator's Facility Table. The Eligibility Communicator returns an MSA Acknowledgement message to the facility, so that eIV processing can begin at the registering site.

- **REGISTRATION -** The Registration Request is the HL7 message that VistA sends to EC to pass site identifying information. A site sends an initial request. Subsequently the site sends additional requests on a daily basis to update the registration should any changes have taken place in the 24 hours before and to report local VAMC eIV statistics.

- **ELIGIBILITY INQUIRY –** The Eligibility Inquiry Request is the HL7 message that VistA sends to EC to ask for identification of insurance for a veteran.

Note: The details for the mapping of these messages can be found in the most current ICD document, which with IB*2.0*506 can be found at the following VA location:
http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=1649&Type=Active
eIV_ICD_v3_1_System_Modifications.doc

Data Received From the Eligibility Communicator

- **REGISTRATION ACKNOWLEDGEMENT -** The Eligibility Communicator sends the Registration Acknowledgement after receiving the request and filing the registration information in the Cache.

- **ELIGIBILITY RESPONSE -** The Eligibility Response Messages report payer's answers that did not include any error indications. Those that did are reported using the Inquiry Problem Message. Non-error response messages are an RPI^I01 event regardless as to whether the inquiry was for an identification or a verification.

- **ELIGIBILITY INQUIRY PROBLEM MESSAGES -** There are two types of Inquiry Problem Messages. One type of message occurs when EC receives an HL7 message from a VistA facility and it is validated. If data is found missing or inaccurate so that translation to the X12 270 message cannot be done correctly, EC sends an email message to EC support staff for resolution. This is one type of Inquiry Problem message. The other type of Inquiry Problem message is after EC has sent the X12 270 messages on to the Payer and the Payer returns it with an error in the X12 'AAA' segment. Some error codes may be returned to the VistA facility as an Inquiry Problem Message for handling and some errors may remain with EC for resolution. The message event is the same for either Inquiry Problem type.

- **TABLE UPDATES -** All table messages are an MFN^M01 event. When a VistA site initially installs the eIV software, the Eligibility Communicator for eIV is notified via an MFN^M01 message. The EC sends all current Payer identifications to the VistA site as part of this enrollment process. Any subsequent modifications or additions to the Payer table maintained by the EC are sent in the same manner. Table updates are also used to maintain some other eIV dictionaries and some eIV parameter settings.

Note: The details for the mapping of these messages can be found in the latest and greatest ICD document, which with IB*2.0*506 can be found at the following VA location:
http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=1649&Type=Active
eIV_ICD_v3_1_System_Modifications.doc

(This page included for two-sided copying.)

APPENDIX A – TABLE OF EIV GENERATED MAILMAN MESSAGES

The eIV interface will create a MailMan message under certain circumstances. This chart will help to identify when these messages are triggered and from where. If the recipient of the message was not defined, then the message will be rerouted to the 'Postmaster'.

Triggering Event	Routine Reference	Recipients	Subject	Message Text
Error returned when adding an Insurance Buffer entry	IBCNEBF+156	MESSAGES MAILGROUP (#350.9, 51.04)	Error creating Buffer Entry	Error returned by $$ADDSTF^IBCNBES: {Error Message} Values: Patient DFN = {Patient IEN} Pt Ins Record IEN = {Patient Ins IEN} Please log a NOIS for this problem.
Error returned when creating an IIV Transmission Queue entry	IBCNEDE+199	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Problem: Trouble setting entry in File 365.1	Tried to create an entry in the IIV TRANSMISSION QUEUE File (#365.1) without success. Error encountered: {Error Message} The data that was to be stored is as follows: Transaction #: {Transaction #} Patient: {Patient Name} Extract: {Data Extract} Payer: {Payer Name} Please log a NOIS for this problem.
Unable to schedule the daily eIV Statistical report and distribute via MailMan	IBCNEDE+249	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Statistical Message Not Sent	TaskManager could not schedule the daily eIV MailMan message at the specified time of {DAILY MSG TIME (#350.9,51.03)}. This is defined in the eIV Site Parameters option.
Error returned when creating an outgoing HL7 message	IBCNEDEQ+27	MESSAGES MAILGROUP (#350.9, 51.04)	IIV HL7 Creation Error	Error – {HL7 Result} occurred when trying to create the outgoing HL7 message for Patient: {Patient Name} and Payer: {Payer Name} Please log a NOIS for this problem.
Error when NUMBER RETRIES (File 350.9, Field 51.06) is not defined and the timeout has	IBCNEDEQ+52	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Communication Error	VistA was unable to electronically confirm insurance for Patient: {Patient Name} and Payer: {Payer Name}. A single attempt was made to

Triggering Event	Routine Reference	Recipients	Subject	Message Text
elapsed without a response (*only if FAILURE MSG flag is YES)				electronically confirm the insurance with this payer.
The number of retries have been exceeded indicating that a communication failure has occurred (*only if FAILURE MSG flag is YES)	IBCNEDEQ+75	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Communication Error	VistA was unable to electronically confirm insurance for Patient: {Patient Name} and Payer: {Payer Name}.
Error creating an IIV Response File entry	IBCNEDEQ+137	MESSAGES MAILGROUP (#350.9, 51.04)	Error creating Response	{Error Messages returned by FILE^DIE call} Please log a NOIS for this problem.
A response has not been received in TIMEOUT DAYS (IB SITE PARAMETERS field) (*only if TIMEOUT MSG flag is YES)	IBCNEDEQ+149	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Communication Timeout	No Response has been received within the defined failure days of {Timeout Days} for Patient: {Patient Name} and Payer: {Payer Name}
Error returned when creating an outgoing HL7 message to deactivate IIV	IBCNEHLD+57	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Deactivation Failure	IIV Deactivation Message not created. Error – {HL7 Result} Please log a NOIS for this problem.
MSH Segment is not the first segment in the HL7 message when processing responses	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	MSH Segment is not the first segment found. Please log a NOIS for this problem.
Protocol not defined for the HL7 Event Type when processing responses	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	Unable to find a protocol for Event = {Event Type} Please log a NOIS for this problem
ACK – AE received when processing responses	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	N/A
Error returned when creating/updating an IIV Response File entry	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	{Error messages array from multiple calls to FILE^DIE} and may also include National ID: {VA National ID} not found in Payer Table for Trace Number: {Trace #}

Triggering Event	Routine Reference	Recipients	Subject	Message Text
				OR Not able to create a Response for an unsolicited response for Trace Number: {Trace #}
Error returned when creating/updating non-Payer files	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	File Number not found in MFN message OR File {File Number} not found in the Data Dictionary
Error(s) returned when creating the HL7 Registration message for Vitria	IBCNEHLM+116	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Registration Failure	IP Address or Port is not defined. OR The Contact Person is not defined in the IIV Site Parameters. OR The office phone number of the IIV Contact Person is not defined (File 200, Field .132). OR The email address of the IIV Contact Person is not defined (File 200, Field .151). OR The "HL7 Response Processing Method" selected is Batch but the HL7 Batch Start and End Times are blank. OR The following IIV Site Parameters are not defined: "Days between electronic reverification checks" is blank. OR "Look at a patient's inactive insurance?" is blank. OR "HL7 Response Processing Method" is blank.
Error returned when creating/updating an IIV Response File entry	IBCNEHLR+79	MESSAGES MAILGROUP (#350.9, 51.04)	Error creating IIV Response	An invalid Eligibility Status flag {Status Flag} was received for site {VA National ID}, trace number {Trace #} and message control id {Message Control ID}. It has been interpreted as an ambiguous response in VistA.
Message received from the Eligibility Communicator could not be processed.	IBCNEHLR+193	MESSAGES MAILGROUP (#350.9, 51.04)	IMPORTANT: Error While Processing Response Message from	IMPORTANT: Error While Processing Response Message from the EC. ***IRM*** Please log a NOIS because the response message

Triggering Event	Routine Reference	Recipients	Subject	Message Text
			the EC	received from the Eligibility Communicator could not be processed. Programming changes may be necessary to properly handle the response. The associated trace is {Trace #}. If applicable, please review the response with the IIV Response Report by Trace #.
Date of Death received in insurance verification response	IBCNEHLS+135	MESSAGES MAILGROUP (#350.9, 51.04)	Date of Death Received	A Date of Death ({Date of Death}) was received for patient: {Patient Name} / {Patient SSN} from payer {Payer Name}. There is no current Date of Death on file for this patient.
Date of Death received in insurance verification response does not match the Date of Death on file	IBCNEHLS+141	MESSAGES MAILGROUP (#350.9, 51.04)	Variant Date of Death	A Date of Death ({Date of Death}) was received for patient: {Patient Name} / {Patient SSN} from payer {Payer Name}. This Date of Death does not currently match the Date of Death ({Patient Date of Death}) on file for this patient.
New Error Action code received from the Eligibility Communicator	IBCNEHLS+257	MESSAGES MAILGROUP (#350.9, 51.04), iiv@daou.com	Message Control Id Field is Blank	A response was received with a blank Message Control ID and Trace # {Trace #}, ICN #: {ICN #}, Patient: {Patient Name}. It is likely that there are communication issues with the EC. This response cannot be processed. Please log a NOIS.
IIV payer tables may be out of sync with master list.	IBCNEHLT+108	MESSAGES MAILGROUP (#350.9, 51.04)	IIV payer tables may be out of sync with master list.	{IBCN Type} {IBCN Action} action received. Payer and/or Application may be unknown. VA National: {VA National ID} Payer Name: {Payer Name}, Application: {Application Name}. Log a NOIS for this issue. Please include in the NOIS that VistA did not receive the required information or the accurate information to add/update this Payer.
IIV Date becomes available for purging.	IBCNEKI2+63	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Data Eligible for Purge	ATTENTION IRM: There are IIV TRANSMISSION QUEUE and IIV RESPONSE records eligible to be purged.

Triggering Event	Routine Reference	Recipients	Subject	Message Text
				Please run IBCNE PURGE IIV DATA – Purge IIV Transactions, if you would like to purge the eligible records. To purge IIV data, journaling should be temporarily disabled for ^IBCN.
Unable to schedule the background compile of the Most Popular Insurance Company List	IBCNEPST+64	MESSAGES MAILGROUP (#350.9, 51.04)	Most Popular Insurance Company List was not compiled	The Most Popular Insurance Company List could not be compiled for {TODAY-365 Days} to {TODAY} because task could not be scheduled in the background.
Error(s) identified during Batch Extract parameter set-up in IB SITE PARAMETERS	IBCNEPST+150	PATCHES, iiv@daou.com	IIV Batch Extract# {Batch IEN} not set-up properly	{Error messages returned by FILE^DIE}
Daily IIV Statistical Report via MailMan	IBCNERP9+122	MESSAGES MAILGROUP (#350.9, 51.04)	** IIV Statistical Rpt **	IIV Statistical Report with data for the previous 24 hours. ** END OF REPORT** OR ** NO DATA FOUND**
Inconsistent IIV responses for IIV queue.	IBY271PS+46	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Responses for an IIV Transmission Queue entry are inconsistent.	IIV Transmission Queue entry {Transmission Queue Entry} has a status of Response Received. None of the associated responses have this status. Please create a NOIS specifying that this Transmission Queue entry is inconsistent with its associated responses and, as a result, its status could not be adjusted.
Most popular insurance sites.	IBY271PS+77	MESSAGES MAILGROUP (#350.9, 51.04)	Most Popular Insurance Site Parameter	As part of patch IB*2.0*271, the Most Popular Insurance functionality, accessed by the MP action of the IIV Site Parameters, has been modified. Prior to this patch, the Most Popular Insurance Companies were automatically identified based on the number of authorized bills created. IB*2.0*271 has changed two aspects of the functionality. The list will now contain payers rather than insurance companies. In addition, these payers will be manually entered by each site. As a result of these changes, the prior values of this list have been deleted. If your

Triggering Event	Routine Reference	Recipients	Subject	Message Text
				site has elected to use this functionality, please update the table with the payers that are most commonly used in your facility and who are nationally active for IIV. Please select option, "IBJ MCCR SITE PARAMETERS", action MP(Most Popular Payers) within the IIV parameters to populate the list.

APPENDIX B – INCOMING DATA MAPPING

The following table identifies the mapping of each data element of an incoming eligibility response message (HL7 Message Type: RPI^I01) to the corresponding storage location within the VistA Files. The right-most column indicates the storage location for each data element upon acceptance of the Insurance Buffer entry information.

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	(Final disposition)
MESSAGE CONTROL ID Field # .01	N/A	N/A
PATIENT Field # .02	N/A	N/A
PAYER Field # .03	N/A	N/A
BUFFER ENTRY Field # .04	N/A	N/A
TRANSMISSION QUEUE Field # .05	N/A	N/A
TRANSMISSION STATUS Field # .06	N/A	N/A
DATE/TIME RECEIVED Field # .07	N/A	N/A
DATE/TIME CREATED Field # .08	N/A	N/A
TRACE NUMBER Field # .09	N/A	N/A
RESPONSE TYPE Field # .1	N/A	N/A
NAME OF INSURED Field # 1.01	NAME OF INSURED (LONG) Field # 91.01	NAME OF INSURED (LONG) File # 2.312 Field # 7.01
INSURED DOB Field # 1.02	INSURED'S DOB Field # 60.08	INSURED'S DOB File # 2.312 Field # 3.01
INSURED SSN Field # 1.03	INSURED'S SSN Field # 60.09	INSURED'S SSN File # 2.312 Field # 3.05
INSURED SEX Field # 1.04	N/A	N/A
SUBSCRIBER ID (LONG) Field # 13.02	SUBSCRIBER ID (LONG) Field # 90.03	SUBSCRIBER ID (LONG) File # 2.312 Field # 7.02
GROUP NAME (LONG)Field # 14.01	GROUP NAME (LONG) Field # 90.01	GROUP NAME (LONG) File # 355.3 Field # 2.01
GROUP NUMBER (LONG) Field # 14.02	GROUP NUMBER (LONG) Field # 90.02	GROUP NUMBER (LONG) File # 355.3 Field # 2.02
WHOSE INSURANCE Field # 1.08	WHOSE INSURANCE Field # 60.05	WHOSE INSURANCE File # 2.312 Field # 6
PT RELATIONSHIP TO INSURED Field # 1.09	PT. RELATIONSHIP TO INSURED Field # 60.06	PT. RELATIONSHIP TO INSURED File # 2.312 Field # 16
SERVICE DATE Field # 1.1	N/A	N/A
EFFECTIVE DATE	EFFECTIVE DATE	EFFECTIVE DATE OF

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	(Final disposition)
Field # 1.11	Field # 60.02	POLICY File # 2.312 Field # 8
EXPIRATION DATE Field # 1.12	EXPIRATION DATE Field # 60.03	INSURANCE EXPIRATION DATE File # 2.312 Field # 3
COORDINATION OF BENEFITS Field # 1.13	COORDINATION OF BENEFITS Field # 60.12	COORDINATION OF BENEFITS File # 2.312 Field # .2
ERROR CONDITION Field # 1.14	N/A	N/A
ERROR ACTION Field # 1.15	N/A	N/A
DATE OF DEATH Field # 1.16	N/A	N/A
CERTIFICATION DATE Field # 1.17	N/A	N/A
MEMBER ID Field # 1.18	N/A	N/A
ELIGIBILITY/BENEFIT Field # 2	N/A	N/A
CONTACT PERSON Field # 3	N/A	N/A
ERROR TEXT Field # 4.01	N/A	N/A

APPENDIX C – TROUBLESHOOTING

eIV makes heavy use of HL7 messaging. Ensure that the HL7 globals have sufficient room for growth. Reference HL*1.6*19 patch documentation for further instructions. Also, reference the External Interfaces – HL7 Communications Setup section, in this manual, for specific eIV HL7 information.

The HL7 Logical Link associated with this interface is IIV EC.

How To Determine If Connectivity To Austin Is Lost…

If the "Inquiries Sent" and "Responses Received" entries on the IIV Statistical report [IBCNE IIV STATISTICAL REPORT] both remain at zero while the "Queued Inquiries" entry on the report continues to increase over a period of time, then no IIV inquiries are being sent (See Section 6 of the Integrated Billing Insurance Identification and Verification Interface User Guide). If this situation occurs over a two days elapse and both the "Inquiries Sent" and "Responses Received" entries remain at zero, there is a communications problem.

How To Restore Connectivity To Austin…

1. Verify that the name of the HL7 Logical Link has not changed. It must be "IIV EC".
2. Verify the following settings for the HL7 Logical Link "IIV EC":
   a. The institution field is blank
   b. The domain field is set to **IIV.VITRIA-EDI.AAC.VA.GOV**
   c. The AUTOSTART field is set to **enabled**
   d. The TCP/IP address is set to **10.224.187.133**
   e. The TCP/IP Port is set to **5100**
3. Verify that the HL7 Logical Link "IIV EC" is running.
4. Ask your IB Supervisor or insurance personnel who brought this communication issue to your attention, to review the IIV Statistical report the following day and confirm that connectivity has been restored with Austin.
5. If this does not resolve your communication with Austin for IIV, ask the IB Supervisor or insurance personnel to log a Remedy Ticket with the VA support.

Example – HL7 Logical Link

```
CHOOSE 1-15: 11  HL MAIN MENU      HL7 Main Menu


         Systems Link Monitor
         Filer and Link Management Options ...
         Message Management Options ...
         Interface Developer Options ...
         Site Parameter Edit

Select HL7 Main Menu Option: FILER and Link Management Options


     SM   Systems Link Monitor
     FM   Monitor, Start, Stop Filers
     LM   TCP Link Manager Start/Stop
```

```
     SA    Stop All Messaging Background Processes
     RA    Restart/Start All Links and Filers
     DF    Default Filers Startup
     SL    Start/Stop Links
     PI    Ping (TCP Only)
     ED    Link Edit
     ER    Link Errors ...


Select Filer and Link Management Options Option: ED  Link Edit


Select HL LOGICAL LINK NODE: IIV
     1   IIV EC
```

Example – HL7 Logical Link "IIV EC"

```
                     HL7 LOGICAL LINK
------------------------------------------------------------------------------

          NODE: IIV EC

   INSTITUTION:

        DOMAIN: IIV.VITRIA-EDI.AAC.VA.GOV

     AUTOSTART: Enabled

    QUEUE SIZE: 10

      LLP TYPE: TCP
```

```
                     HL7 LOGICAL LINK
------------------------------------------------------------------------------
   [-------------------TCP LOWER LEVEL PARAMETERS------------------------]
   |                   IIV EC                                           |
   |                                                                    |
   |  TCP/IP SERVICE TYPE: CLIENT (SENDER)                              |
   |       TCP/IP ADDRESS: 10.224.187.133                              |
   |         TCP/IP PORT: 5100                                         |
   |                                                                    |
   |                                                                    |
   |   ACK TIMEOUT: 60              RE-TRANSMISION ATTEMPTS:            |
   |  READ TIMEOUT: 60              EXCEED RE-TRANSMIT ACTION: restart   |
   |    BLOCK SIZE:                              SAY HELO:              |
   |                                                                    |
   |STARTUP NODE:                             PERSISTENT: NO            |
   |   RETENTION: 60               UNI-DIRECTIONAL WAIT:                |
   [--------------------------------------------------------------------]

_____

COMMAND:                               Press <PF1>H for help   Insert
```

APPENDIX D – eIV IMPLEMENTATION QUICK CHECKLIST (IB*2.0*184 only)

The following tasks must be accomplished before, during and after the eIV patch IB*2.0*184 is installed at your medical center. This quick checklist identifies the order in which tasks must be completed and responsible parties for either performing an action or providing information. Please refer to the eIV Installation Guide for step-by-step instructions on how to complete these actions.

✓	Pre-Implementation Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Verify that required IB patches were installed.	✕	
	Verify that the domain reflected in patch XM*DBA*153 was manually added to the system.	✕	
	Identify members of the IBCNE IIV MESSAGE mail group.		✕

✓	Patch Installation Task	IRM	Revenue Coordinator and/or Insurance Supervisor
	With the assistance of a system administrator (system manager) define the new IBCN global.	✕	
	Ensure that all Integrated Billing users are logged off the system.	✕	
	Install the IB*2.0*184 patch.	✕	
	Enable journaling for the new ^IBCN global.	✕	

✓	Post-Installation Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Add members to the IBCNE IIV MESSAGE mail group.	✕	
	Assign security keys & menus to users.	✕	
	Setup HL7 logical links for IIV	✕	
	Configure the eIIV site parameters as recommended in the Installation Guide. IRM must provide assistance with setting up the eIIV Site Parameters that correspond with HL7 messages / traffic.	✕	✕

✓	Site Registration Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Execute the IBCNE IIV BATCH PROCESS option and wait for it to complete.	✗	
	Check IBCNE IIV MESSAGE mail group messages. Proceed if no "problem" messages were received. Otherwise, reconcile any "problem" messages and start over.	✗	
	Check the HL7 system monitor for incoming messages and verify that 350+ messages were received.	✗	
	Check IBCNE IIV MESSAGE mail group messages again. Proceed if no "problem" messages were received. Otherwise, reconcile any "problem" messages and start over.	✗	
	Confirm the HL7 logical link settings. Proceed if they have not been updated. Otherwise, start over.	✗	

✓	Post-Registration Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Link insurance companies to payers.		✗
	Enable the linked payers.		✗
	Schedule the nightly IBCNE IIV BATCH PROCESS through TaskMan.	✗	
	Use the IIV Site Parameters and gradually enable IIV extracts to begin sending inquires and receiving responses.		✗

APPENDIX E – eIIV Database Integration Agreements (DBIAs)

This appendix lists the associated DBIAs for the eIV software. Please refer to FORUM for the most up-to-date listing of active DBIAs.

IA #	Between IB and	Related to	FORUM Status
DBIA950	INCOME VERIFICATION MATCH	Direct global read and w/Fileman to fields at ^DPT(D0,.31), Write with Fileman to fields at ^DPT(D0,.312,D1)	Active
DBIA2780	PATIENT DATA EXCHANGE	Both R/W w/Fileman to fields at ^DPT(D0,.31), ^DPT(D0,.312,D1)	Active
DBIA2782	MENTAL HEALTH	Direct Global Read & w/Fileman to fields at ^DPT(D0,.312,D1)	Active
DBIA3302	ENROLLMENT APPLICATION SYSTEM	$$BUFF^IBCNBES1	Active
DBIA4238-A	REGISTRATION	$$MFE^VAFHLMFE	Active
DBIA4238-B DBIA4239	REGISTRATION	$$MFI^VAFHLMFI	Active
DBIA4240	PCE – PATIENT CARE ENCOUNTER	^AUPNVSIT direct references VISIT FILE	Active
DBIA4242	REGISTRATION	^DG(43 direct access MAS PARAMETERS FILE (#43)	Active
DBIA4243	REGISTRATION	^DGPR(408.13 direct reference INCOME PERSON File (#403.13)	Active
DBIA4244	REGISTRATION	^DGPR(408.12 direct reference PATIENT RELATION File(#408.12)	Active
DBIA4785	REGISTRATION	Direct Global Read & w/Fileman to all fields stored at ^IBA(#355.33)	Active
DBIA419	REGISTRATION	^DGPM(D0,0)	Active
DBIA263-A	HL7	EN^VAFHLPID	Approved by Donna H. Harris 9/8/03. Acknowledged by Cameron 9/8/03.
DBIA2120	KERNAL	KCHK^XUSRB	Approved by Joel L. Ivey 9/9/03. Acknowledged by Cameron 9/9/03.
DBIA5293	INSURANCE CAPTURE BUFFER	Read w/FileMan to fields at^IBA(355.3,D0,0) and ^IBA(355.3,D0,6) FileMan read/write to fields at ^IBA(355.3,D0,11,D1,0)	Active
DBIA5294	INSURANCE CAPTURE BUFFER	FileMan read/write to fields at: ^IBA(355.33,D0,0) ^IBA(355.33,D0,20) ^IBA(355.33,D0,21)	Active

		^IBA(355.33,D0,40) ^IBA(355.33,D0,60) ^IBA(355.33,D0,61) ^IBA(355.33,D0,62)	
DBIA5304	INSURANCE CAPTURE BUFFER	Fileman read/write to fields at ^DPT(D0,.31) Read w/FileMan to fields at ^DPT(D0,.312,D1,0) ^DPT(D0,.312,D1,1) ^DPT(D0,.312,D1,2) ^DPT(D0,.312,D1,3) ^DPT(D0,.312,D1,4) ^DPT(D0,.312,D1,5) ^DPT(D0,.312,D1,7)	Active

GLOSSARY

Term	Description
AITC	Austin Information Technology Center (formerly Austin Automation Center - AAC)
EC	Eligibility Communicator – this refers to the National Health Insurance Cache database that is housed in the AITC in Austin, TX. The eIV software communicates with the Eligibility Communicator directly through HL7. The EC in turn searches its caches insurance information data, and communicates with Communication Partners to create an eligibility response that is returned to the VistA system
HIPAA	Health Insurance Portability and Accountability Act of 1996
HL7	Health Level Seven, a standardized application level communications protocol that enables systems to exchange information and to affect requests and responses. Basically, HL7 is an agreement between two HL7-compliant systems that specifies where to expect certain data in a stream of characters.
IB	Integrated Billing
MCCR	Medical Care Cost Recovery. The collection of monies by the Department of Veterans Affairs (VA).
Required Variable	An attribute of a package interface. It is a variable that must exist in order for the interface's entry point to be called.
Security Key	Used in conjunction with locked options or functions. Only holders of this key may perform these options/functions. Used for options, which perform a sensitive task.